

NATURAL GAS
PROPERTY TAX RETURN

File with:
Department of Property Valuation
Division of Technical Support
200 Fair Oaks Lane
Frankfort, Kentucky 40620
(502) 564-8334

Property Assessed January 1, _____

Name				
Number and Street				Social Security Number
City	State	ZIP Code	Telephone Number	Federal Identification No.
			()	

INSTRUCTIONS: Under Kentucky law (KRS 132.820) each property owner is required to report all taxable property which he or she owns. This includes sub-surface mineral rights which are taxable as an interest in real property. This return is provided for the purpose of reporting developed gas property. Each year all persons, corporations, businesses and partnerships owning, leasing or having knowledge of developed gas properties in the Commonwealth of Kentucky must complete and file this tax return with the Department of Property Valuation by April 15. File a **separate** return for each developed property per county. If the division of ownership is different for each well on the property, file a separate tax return for each individual well.

DEVELOPED PROPERTY

Property located in _____ County, Kentucky.

Year of First Production _____

Lease Number Assigned by Purchaser _____

Property Name and Well Number _____

Total Gas Production (January 1–December 31) _____ (MCFs)

Number of Producing Wells _____

Purchaser Name(s) _____

Operator’s Name _____

Total Dollar Value of Well Production (*Less Severance Tax*) \$ _____

Division of Ownership (*See Reverse Schedule*)

DECLARATION

I declare, under the penalties of perjury, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return; and that my taxable property has been listed at its fair cash value.

_____ Name of Company	_____ Signature of Preparer
_____ Signature of Producer/Operator	_____ Date

Filings received after April 15 will be treated as omitted with applicable penalties applied.

NATURAL GAS PROPERTY DIVISION OF INTEREST—OWNERSHIP SCHEDULE

Lease Number _____

Lease Name _____

Page _____

Owner Name	Social Security No. or FEIN	Owner Address	City	State	ZIP Code	Decimal % Ownership	Net Income Earned	Ownership Type (W,O,R)

INSTRUCTIONS: The producer/operator or agent thereof is **required** to report (1) the names, SSN/FEIN, and addresses of the working, royalty, and overriding interest owners associated with the property as of January 1 of the tax year, (2) the **decimal** percentage of ownership for each owner; (3) the type of ownership designated by the letter “W,” “R,” or “O”; and, if applicable, (4) the annual net income (including delayed payments) per owner.

NOTE: If the producer/operator owns all interest (working and royalty) in the property, enter “1.00” under the heading Decimal % Ownership and an “A” under Ownership Type. The assessment will be based on the industry standard of .875 working and .125 royalty. *Tax bills will be prepared according to this ownership schedule. Complete the schedule to reflect the desired billing.*